

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/		
2		/					52	/		
3							53			
4							54			
5							55			
6							56			
7							57			
8	'	/					58			
9	/						59			
10		/					60			
11		/					61			
12							62			
13							63			
14							64			
15		(1)					65			
16		/					66			
17	/						67			
18		/					68			
19		/					69			
20							70			
21		/					71			
22		/					72			
23							73			
24							74			
25	/						75			
26		/					76			
27		/					77			
28							78			
29							79			
30							80			
31		(1)					81			
32		/					82			
33	/						83			
34		/					84			
35		/					85			
36							86			
37		/					87			
38		/					88			
39							89			
40							90			
41							91			
42	/						92			
43		/					93			
44		/					94			
45							95			
46							96			
47	/						97			
48		/					98			
49							99			
50							100			
TOTAL IND.			↓				TOTAL IND.		↓	
TOTAL DEP.			↔				TOTAL DEP.		↔	
TOTAL CLAIMS							TOTAL CLAIMS			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS